The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

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DIETETICS.

The subject of "Dietetics" as part of the training school curriculum has within recent years demanded recognition as being of primary importance in the equipment of a nurse; for upon the kind, preparation and amount of food —in the feeding of a patient—depends more than upon the kind, amount and preparation of drugs administered. Until a very recent date, in the history of nursing, practically nothing was known of dietetics by the most skilled nurse, aside from the slight knowledge of cooking and serving a few dainty articles of food. While we may all be unanimous in the opinion that a patient enjoys his food if cooked to his liking, whether prepared or not by scientific calculation as to its caloric value, etc., yet we must agree, by our present knowledge of things as based upon scientific experiment, that food in its relation to disease and the requirements of the body must in some degree necessitate careful selection, to the obtaining of the best results. This selection must be based upon more than the patient's individual taste for certain foods, or his appetite for certain quantities. These in themselves are factors of some consideration, independently of what is scientifically calculated to be in harmony with the expenditure of the body, the nature of the disease, and the powers of assimilation. More and more the importance of proper diet for the sick is being impressed upon the medical and nursing professions. The nurse of the present and the future, as an important factor in the progress of this branch of medical treatment, is expected to equip herself with both theoretical and practical knowledge of the subject. It is necessary that she should be familiar with the proximate principles of food, in what percentage each is contained in the more common kinds of food, to what particular needs of the body each contributes, and their caloric value; how each is acted upon by the digestive ferments, and what the amount of output of waste from the body should be as compared with the intake of food, thus estimating the powers of ingestion. The metric system of figures is found to be invaluable in making these calculations. In most text books on this subject can be found tables of approximate and equivalent measures, such as:—

1 oz. = 30 grams
1 dr. = 4 grams

If a dietary allows a patient four drams of butter for breakfast, and it is estimated that 1 gram of fat equals 9 calories, then four drams of butter, being equal to sixteen grams of fats, equals 144 calories. Foods which contain in certain proportions all or a number of the principles, must necessarily be analyzed; for instance, in the estimating of the caloric value of a slice of

bread weighing so many grams, a certain percentage will be carbohydrates, a certain percentage proteids, and a certain percentage fat, salts and water. It therefore devolves upon the nurse to figure out the number of calories contained in the whole.

The doctor may call upon the nurse to make up a dietary allowing so many calories per day, or allowing so many grams proteid, as in cases of nephritis; so many grams carbohydrates, as in cases of diabetes, and so many grams fat, as in certain gall bladder cases; and will expect the nurse to make up the dietary, allowing for one week's food. Every nurse, upon her introduction to the caloric theory, feels that she is confronted with a most complicated problem, but after combating a few of the fundamentals, the rest seems quite simple, and with additional experience becomes very interesting. The work of analyzing does not often devolve upon the nurse, unless she chances to be employed in the laboratory for the purpose. In hospitals and medical schools prepared tables are used. These set forth the percentage of proximate principles, and the number of calories contained in a given amount of each kind of food. In Tuft's Medical School, Boston, a very complete table is used: In line with the different foods and their values are blank spaces for the daily records to be made. There is also a column devoted to miscellaneous data. Another very useful table is that prepared by Drs. Joslin and Goodall, of Boston, giving a list of fruits and vegetables, classified according to their percentages of sugar. This table is used principally in making up dietaries for diabetic patients, the recording of sugar and urea output each day, total intake of water proteids, carbohydrates and fats, and the daily weight of the patient.

Standard Table of Calories.

1 gram	carbohydrate	=4 calories
1 gram	proteids	=4 calories
1 gram	fat	=9 calories
1 gram	alcohol	=7 calories

The potential energy of food is measured by the amount of heat which can be obtained by its complete combustion, and is expressed in units of heat or calories. A heat unit or calorie corresponds to 425.5 units of work. The English heat unit is that amount of energy required to raise the temperature of a pound of water 1 degree F. Its mechanical equivalent is 772 units of work—that is to say, the same amount of energy will raise 772 pounds 1 foot.

A small calorie is that amount of heat required to raise the temperature of 1 gram of water 1 degree C. This heat, or energy, is produced by the intake of food, which causes the increase of combustion in the body—production of one-fifth energy and four-fifths heat. It is supposed that in the system the fats and carbohydrates are burned completely to carbonic acid and water, but the proteids leave a residue of urea, therefore the object of limiting the amount of proteid food in cases of nephritis. It is estimated that only 75 per cent. of the calorimetric value of proteids is of physiological value, and is by far the most important constituent of food. It may be argued that with an excessive amount of food consumed, there should be a rise of temperature, but not so. In health, with increased production of heat in the body, there is

increased loss of heat. Similarly, on a warm day, when there is diminished loss of heat, there is a correspondingly diminished production of heat.

In disease, the temperature is increased mainly by tissue disintegration and the inactivity of the excretory organs, which fail to eliminate the waste products, and consequent interference with the mechanism which in health operates to equalize the two processes. The diet, the atmospheric temperature, the activity of the sweat glands, the amount of moisture in the atmosphere, the amount of work done, and the body in health or disease are all factors to be considered in the estimating of heat production and expenditure.

Lady Stanley Institute, Ottawa. MARY A. CATTON.

STERILIZATION IN PRIVATE WORK.

I have seen so often, both in American and Canadian nursing journals, inquiries about the methods of sterilizing necessary articles used in private practice. Some of the methods in use are, indeed, very crude.

Having nursed for a number of years for a doctor who has a large country practice, and who performs a great many operations in the homes of his people, I, like other nurses, had to devise some means of sterilization. This set me thinking, and the result is, I have patented a sterilizer which has proved more than successful, and is highly praised and recommended by all the doctors and nurses who have seen and used it. The nurses who have it say they would not be without it for any money. It is also invaluable in obstetrical work.

Figure No. 1 shows the sterilizer open, as it is placed in a No. 9 boiler (ordinary wash boiler used in private homes). The sterilizer has been made to fit a common wash boiler, as this is an article usually found in any home.

Figure No. 2 shows the sterilizer folded, with the feet removed and placed together, shown by (x) in Figure No. 2.

The sterilizer is made to fold, so that it occupies very little space, the feet being made removable, thus forming a flat object, which can be carried very easily in the ordinary grip. It is light, durable and inexpensive.

The wash boiler requires about one gallon of water, or enough so that the water does not bubble up through the perforations, the sterilizing being done by steam.

After having parcelled the articles for sterilization in the ordinary way, place a cloth over the top of sterilizer and fill the space with articles, then

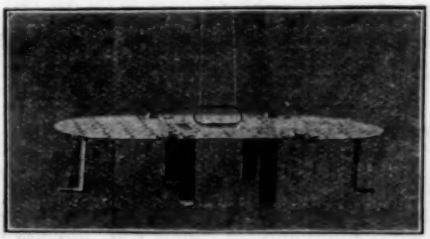


Fig. 1

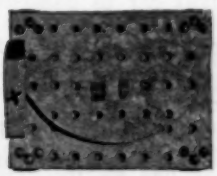


Fig. 2

cover parcels with another cloth. Place the boiler cover on very tightly and steam for fifteen or twenty minutes, water boiling hard all the time.

A nurse can have everything sterilized for an operation of any kind in a very short time, and with no trouble or worry. Any further information will be gladly given by writing to me.

JANET P. CHALMERS, Gradaute Nurse.
200 London Road, Sarnia, Ont.

CORRESPONDENCE

To The Canadian Nurse:

I think we owe The Canadian Nurse a letter, for it was through it that we have at last attained our desired wish. However, we are not writing because we feel it a duty, but rather a pleasure, and if we can write anything of interest to the many nurses who read The Canadian Nurse, we shall feel amply rewarded.

It is over a year since Mrs. Kipp, Corresponding Secretary of the Women's Home Missionary Society of the Presbyterian Church, Toronto, had an article put in The Canadian Nurse, asking for nurses to go out to the new mission hospitals, which are being built in our Western lands.

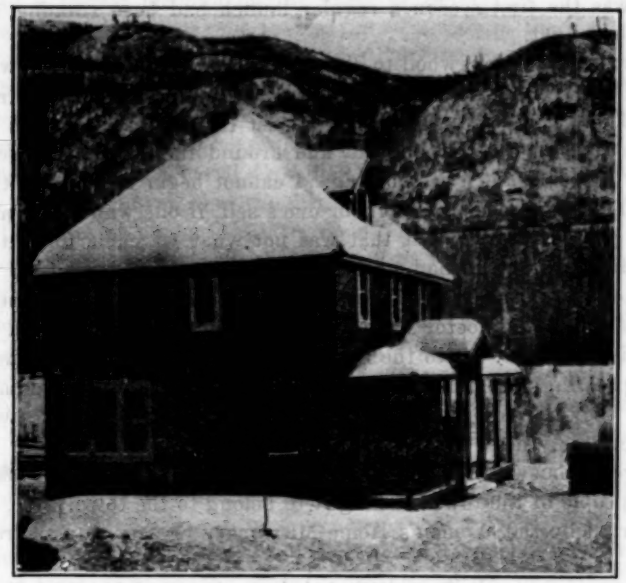
Miss Moore and I applied, but it was not until the following May that we were asked if we would be willing to go to Telegraph Creek, B.C., to take charge of a mission hospital. We both decided to go, and began to make arrangements to go as soon as we were needed. After a few anxious weeks we received word that we had to be in Vancouver July 15, thence to sail to Wrangell, Alaska, where we were to take passage on the river boat, Port Simpson, which would carry us to our destination. The river boat makes only a few trips up the Stikine River, its regular route being up the Skeena, and the ship from Vancouver also calls at Wrangell just at stated times, so we had to try and make connections.

We left Collingwood, Ont., July 2, going by way of Owen Sound to Fort William, thence to Winnipeg by train. After spending a day in Winnipeg with my brother, and a couple of days with my youngest brother, in Kindersley, Sask., we hurried on to Vancouver, and arrived there on the morning of the 15th. We were accompanied by my brother from Winnipeg, and had also had a kind friend, Rev. George Arthur, missionary at Vegreville, Alta., with us from Owen Sound to Winnipeg, so we were well looked after.

We made such a hurried trip through the West that we did not see much of that great country, but we hope to see more of it in the future.

We left Vancouver on the night of the 16th, in company with Dr. and Mrs. Inglis and two children, who had been out for a much-needed vacation, after spending five years in Telegraph Creek. Mrs. Inglis is a graduate nurse of Morden, Man., so we felt we had found a kindred spirit. We were very thankful to meet them, as we were not certain if we would have to make the trip alone.

We reached Wrangell, Alaska, on the night of July 18, and as the river boat was waiting, we intended leaving July 20, but what was our dismay, when, on awakening on the morning of the 20th, we found that the doctor's



THE TELEGRAPH CREEK HOSPITAL

little girl had developed measles. What was to be done? One thing was certain—we could not all go; so we talked matters over, and finally we all decided to stay, for the river boat was to make a second trip the following week.

We transferred our baggage from the hotel to a private house, which we were very fortunate in securing from the Presbyterian minister of that place. The doctor then decided that it was best for him to go alone the following week, for the hospital was not nearly completed, and we would be unable to begin work.

After two weeks of quarantine, Mrs. Inglis made the trip, taking the little girl with her, and left Miss Moore and I to look after the little boy, who had developed measles the previous week. In all, we spent four weeks in Wrangell, but we enjoyed the rest, although anxious to get to our destination. Wrangell is quite a pretty little place, the only objection being the amount of rainfall. One seldom sees a sunshiny day. One thing I admired was the beautiful sunsets, and I am sure it would be hard to find anything more beautiful. The colors were so gorgeous, and yet they seemed to harmonize perfectly.

But we were glad to once again start on our journey. We left Wrangell on the evening of August 17, and arrived at Telegraph Creek on the morning of the 21st. Needless to say, we were heartily welcomed by Dr. Inglis and wife, for they had never before been separated from that precious boy.

The river boat having made its last trip when Mrs. Inglis left us, we had the honor to be passengers on the first trip of the gasoline launch, "Telegraph of Wrangell," which was built specially to play between these two ports. Very small it looked compared with the large American vessels which called at Wrangell, and small, even, beside the river boat. But we had no other alternative, unless it was to take passage on a much smaller launch.

This was the first season a regular launch had been running, so it was hailed with delight.

Our trip from Collingwood to Vancouver, thence to Wrangell, we thought grand, but the scenery was not to be compared with that on the trip up the Stikine. Those never-ending mountains, just the distance away to be appreciated, the river twining in and out and around the mountains, were indeed sights worth seeing and remembering. I cannot begin to describe the beauty of it all. I think one has to see it for one's self, if one wants to really understand the grandeur of it. But that was not what we came for, although we felt thankful that we had had such a pleasant trip.

The hospital was not ready for us when we arrived, so we accepted the kind invitation of the doctor's family, and took up our above with them. In the meantime we came up to the hospital, and did what we could in the way of oiling, painting, etc. The work on the building was done by amateurs, but I must say they have done splendidly. Dr. Inglis, with the aid of several other men, has certainly done his duty to the building.

We were somewhat disappointed to learn that it was not a mission hospital, the people of the town wishing it to belong to the town. We, of course, are supported by the Women's Home Missionary Society of the Presbyterian Church.

We are quite proud of our little hospital. It has eight rooms, besides cellar and attic. I shall try to give a short description of it, but feel I can't do it justice.

It is a frame building, tinned on the outside, which from a distance looks very much like brick. There is a verandah running along the west and south sides, which at some future time will probably be made into sun parlors. There are four rooms on the lower floor, besides a hall running the entire length from west to east. The operating room and bathroom are on the north side, while the ward and kitchen are on the south of the hall.

The rooms are all tinned inside and painted. The operating room is white, while the other rooms are painted in delicate shades, the hall being cream. The woodwork and floors are oiled, and the whole presents a clean appearance.

There are four wards on the upper floor, two intended for the Indians. Each ward is large enough for two beds, and one for three in an emergency. One room is reserved for white people, but we are privileged to use it when it is unoccupied. Then the fourth we reserved for a sitting room, but perhaps our plans will have to be changed when the building is completed. The upstairs wards will not be tinned, for funds ran low; but I think it will be done, if possible, in the near future. For the present, they are covering the ceiling and walls with cotton, with a wainscoting of oilcloth. That may seem very odd to the people living in the East, but if you knew how difficult and expensive it is to get material up to this far-away place, you would think as we do, that they do remarkably well. Of course, it is against our strict teaching of asepsis, but circumstances alter cases. (Just now we are using the operating room for a sitting room.)

The river is open to navigation such a short time each summer that it seems impossible to crowd the wants and needs of twelve months into that short time.

We had a formal opening on the night of September 15. There were twenty-three present, but, strange to say, the men were in the majority, there being only seven women, two of whom were half-breeds, wives of white men. We had the building nicely decorated with flowers, beautiful flowers, too, which had been kindly sent us by all in town who had any to give. We also had some very pretty autumn leaves, and I must not forget to say we had the dear old flags, Union Jack and Canadian. We were unable to find maple leaves, but there is a shrub here which has leaves similar, so you may be sure we plucked as many as we could. After the meeting a dainty lunch was served, and everyone went away highly delighted with the evening, and also with the building.

Our nursing will be chiefly among the Indians. Their homes are unfit to nurse in, and therefore they have provided a hospital for them. Our first patient, an Indian woman, came in on September 25. Since then, up to the present (December 5), we have been kept busy. Our last patient left two weeks ago, but Miss Moore is on private duty, nursing the wife of the manager of the Hudson Bay store. They are rejoicing over the arrival of a baby girl. We take turns in nursing and housekeeping, for we thought we could manage nicely without help, and therefore save expense.

The Indians all suffer, more or less, from syphilis, but the strange part is they can't be made to see the cause. They also suffer, in a great many different ways, from tuberculosis, brought on by trying to live as the white people.

They are quite an intelligent class, yet are rather unsatisfactory. They are quick enough to imitate white people along different lines, especially vice, but it is quite a different and difficult task to teach them the wrong of it.

They have splendid opportunities in the way of hunting and trapping, but they do not take advantage of them. Occasionally they go out and shoot moose, mountain sheep or some wild fowl. They have no idea of the value of money. If they have it, they spend it freely. If they haven't, it doesn't worry them.

We get an Indian grant from the Government of a dollar a day for every Indian patient. We also charge them, but whether they will all pay remains to be seen. They are similar to the white people. They could pay if they would—at least, the majority of them.

We also get a Government grant of thirty dollars a month for the telegraph linemen, which we receive whether we have a patient or not. They have the only ward on the lower floor, but it has been unoccupied so far.

Altogether, we have had six Indian patients, with a few others coming in for treatments and dressings, but I think, in future, the doctor will do them at his office.

I fear I have already tried your patience by writing such a lengthy letter, and one which will give you very little idea of the place and work after all.

Although this letter will be late for the Xmas holidays, yet we both join in wishing all the readers of The Canadian Nurse a very joyous Xmas and Happy New Year.

Telegraph Creek, B.C. E. BAKER.

THE SCHOOL NURSE.

The School Nurses of Toronto have considered the question of uniting the Public School Nurses of Canada for mutual help and co-operation, and for this purpose have organized "The Canadian Public School Nurses' Association." It is earnestly hoped that all Public School Nurses will be interested, and will become members. Further particulars will be given in next number.

The following nurses are taking the post-graduate course of one month in Public School Nursing:—Miss Ida M. Boyce, Miami Valley Hospital, Dayton, Ohio; Miss E. M. Paul, Smith Infirmary, Staten Island, New York; Miss E. M. Macallum, St. Luke's Hospital, Chicago; Miss B. Gilchrist, Victoria Hospital, London, Ont.

Miss Gilchrist has been appointed School Nurse in London, Ont., and is taking this course to fit herself to organize the work there.

Miss Boyce, from the viewpoint of an onlooker, speaks thus:—"There are so many ailments among the school children that I have wondered what the end would have been if medical inspection had not been adopted. It may be that conditions are exaggerated by the influx of foreigners. The system is good. The nurse must be keenly observant always, and soon learns to report in concise form all cases of suffering or deficiency, which are referred to the doctor for diagnosis. The nurse reports these conditions to the parents with the object of ascertaining if anything has been done for the child, and, if not, to try to secure for him the attention he needs.

"I was much impressed by the rapidity with which the nurse makes her inspections and notes defects; also by the anxiety of the children to assist the nurse. The heads of the department may feel discouraged at times, but when we look over records and note results, I think they should feel glad.

"My last impression is that the benefits of medical inspection will not be apparent for some time, but the system tends to give the city men and women of a better class, both mentally and physically.

Another Nurse writes:—

"That an entire family of seven should be so poorly clad as to prevent them attending school during the severe weather seems incredible in a city like Toronto, but such is the condition of affairs in a home in the North End, visited recently by one of the school nurses. Of these seven children, five are of school age, and when the mother, armed with credentials from the nurse, visited the city relief office for the necessary clothing, she wore her husband's old overcoat, her bare feet thrust into a pair of men's boots. Yet this is only one of many such to be found in that part of our city known as 'Shacktown.' The father of this family, though willing, was unable to get more than two or three hours' work each day."

The British Journal of Nursing says:—"The School Nurse has come to stay. If school nursing is to be the force for good in the development of a higher standard of hygiene in the schools, and in the lives of the children, which it is confidently hoped it will be, then the nurses engaged in this important work must be picked women, skilled and experienced as nurses, tact-

ful and broad-minded, as all pioneers in a new branch of work must be if they are to break down prejudices and overcome the obstacles always met with in the path of progress. There are exceptional opportunities of usefulness before the School Nurse, and the standard of national health may be raised through her agency."

SHOCK.

"Shock is a sudden depression of the vital powers arising from an injury or a profound emotion acting on the nerve centres and inducing exhaustion or inhibition of the vaso-motor mechanism." . . . In shock the abdominal veins are greatly distended and the other veins of the body may be over-full; the arteries contain less blood than normal, and an insufficient amount of blood is sent to the heart and to the vital centres in the brain. In other words, in shock there is a deficiency in the circulating blood. . . . Shock may be light and transient, or it may be severe and prolonged, and it may even produce almost instant death. . . . Shock is more severe in women than in men, and in the nervous and sanguine than in the lymphatic, in those weakened by suffering than in those who are strangers to illness.

The treatment of shock is simple and mostly passive. Be careful to do nothing which can add to the existing shock.

In moving a patient, be gentle with him. Do not permit a broken bone to gouge into the flesh and nerves and blood vessels needlessly.

Keep him quiet on his back, with head low.

Apply artificial heat.

Give morphine hypodermically for the relief of pain and to quiet the mental agitation. The hyoscine-morphine combination is best for this purpose.

Give strychnine (1-20 grain) to revive the heart action.

Give hypodermic or intravenous injections of saline solution to fill up the blood vessels. Atropine and ergotine will contract the smaller blood vessels. Adrenalin chloride will raise the blood pressure.—British Journal of Nursing.

Answers.—A nurse in charge of a large operating room writes: "I have had no experience with silkworm gut kept in 85 per cent. carbolic acid solution, but I certainly think any suture from such a solution would be most irritating. We sometimes keep ours in a 5 per cent. solution for a few days, but this is carefully rinsed off before the gut is used."

Please tell me the best method of changing mattress with patient in bed.

To turn and change the mattress while a patient is in bed, take off the spread and upper blanket. Fold the upper sheet and lower blanket back over the patient. Unfasten the lower sheets and roll them tightly till the rolls touch the patient on each side. Take hold of the rolls and lift the patient from the bed, while the mattress is being turned and replaced. Then let the patient down and tuck in the clothes. This is accomplished more readily and quickly by having three persons. Two will be required to lift the patient and a third to pull out the mattress.

If "Superintendent" will kindly send her address to the editor's office, some material will be forwarded directly to her. The address has been mislaid.

The Graduate Nurses' Association of Ontario—Proposed Bill.

Section 1 is omitted, owing to its length, but, in brief, it advises the appointment of fifteen representative nurses of the Province, who will form the first Council if the bill becomes law.

2. The objects of the Association shall be:—

(a) To promote and increase by all lawful ways and means the knowledge, skill and profession of its members in all things relating to the business or profession of nursing, and to that end to establish classes, lectures and examinations, and prescribe such tests of competency, fitness and moral character as may be thought expedient to qualify for admission to membership.

(b) To take, purchase, hold, sell and dispose of all and any goods, chattels, lands, tenements and hereditaments, and any real or personal property whatsoever, and any interest therein which may from time to time be necessary or convenient for the purposes of the Association; but the Association shall not engage in trade, or so deal in lands or any interest therein, but may receive, manage and invest voluntary contributions and donations, gifts or devices from members or others as a benevolent fund for the benefit of needy or non-prosperous members, or the families, including families of deceased members; provided always that the said Association shall only have power to acquire and hold such real estate as shall not at any one time exceed an annual value of $10,000, and shall have and hold such real estate only so far as the same shall be necessary for the purposes of the said Association within Ontario.

(c) To acquire, by purchase or otherwise, and to print and publish, or cause to be printed and published, any newspapers, periodicals, books or leaflets that the Association may think desirable for the promotion of its objects.

(d) To borrow and raise money in such manner as the Association may think fit.

(e) To do all such other lawful things as are incidental or conducive to the attainment of the above objects.

3. An annual meeting shall be held for the election of the Council of the Association, and for such other business as may be brought before such meeting, at such time and place, and under such regulations and notices as by the By-Laws shall be determined; and in default of such election being held at the proper time, the existing Council shall continue to act until their successors shall be duly appointed.

4. (1) The Council of the Association shall consists of fifteen members, all of whom shall be graduate nurses, and all members of the Association, residing within the Province.

(2) Nominations of candidates for election to the Council must be in writing, signed by two members of the Association, and must be lodged with the secretary at least fourteen days before the date of the annual meeting.

(3) A voting paper containing the names, alphabetically arranged, of the persons nominated for election to the Council shall be sent by mail to each member in good standing at least ten days before the date of the annual meeting, and the Council shall be elected by means of such voting papers, whether the members voting be present at or absent from the annual meeting.

(4) All vacancies which may occur in the Council, by death or otherwise, in the interval between two annual meetings, may be filled by the Council.

5. The Council shall elect from among its number a President, two Vice-Presidents, a Secretary and a Treasurer (the same person being eligible for both the last-mentioned offices), and shall appoint a Registrar and such other officers as may be provided for by the By-Laws.

6. The Council may fix an entrance and annual fee or subscription to be paid by all members, and may vary the amount from time to time, and no member shall be personally liable for any debt of the Association beyond the amount of his unpaid fees or subscriptions, as aforesaid.

7. (1) The Association may make By-Laws for,—

(a) The administration, management and control of the property, business and other affairs of the Association.

(b) The conditions of membership in the Association.

(c) The election, appointment, functions, duties and remuneration of all officers, agents and servants of the Association.

(d) The appointment of Committees and their duties.

(e) The calling of meetings, regular or special, of the Association or of the Committee.

(f) The fixing of the necessary quorum and procedure in all things at such meetings.

(g) Generally for the carrying out of the objects and purposes of the Association.

(2) The Association may alter and vary any and all By-Laws from time to time, but no such By-Laws or any amendments thereto shall have force or effect until they shall have been approved at the annual meeting of the Association or at a special meeting called to consider the same.

(3) Any such By-Law shall be liable to be cancelled by an order of the Lieutenant-Governor in Council.

8. The Council shall have authority from time to time to prescribe a curriculum of studies to be pursued by the students, to determine the fitness and moral character of persons applying to be examined, to prescribe the subjects upon which candidates for certificates of competency shall be examined, to fix standards of skill and competency, to establish a scale of fees to be paid by persons applying for examination, to appoint examiners, define their duties and fix their remuneration, and to make such rules and regulations (not contrary to the provisions of this Act or the By-Laws of the Association) in respect to examinations as may be expedient. The Council shall hold examinations at least once in each year.

9. The Association may establish lectures and classes of students in nursing and other kindred subjects, and may, subject to the approval of the Lieutenant-Governor in Council, make arrangements with any University, College, Hospital or Training School in Ontario for the attendance of students in nursing at such lectures or classes in any such University, College, Hospital or Training School as may come within the course of subjects prescribed by the rules, By-Laws and regulations of the Association, and may, subject as aforesaid, agree with any such University, College, Hospital or Training School for the use of any Library or Museum, or property belonging to or under the control of such Uni-

versity, College, Hospital or Training School, and may affiliate with any such University, College, Hospital or Training School, and may enter into all arrangements necessary for such end, upon such terms as may be agreed upon.

10. The head office of the Association shall be at the City of Toronto, in the Province of Ontario, but may be changed from time to time by By-Law of the Association to any other place in Ontario.

11. Every member of the Association shall have the right during the continuance of his membership to use the designation "Registered Nurse," and may use after his or her name the initials "R.N.," signifying "Registered Nurse."

12. (1) No person shall be entitled to take or use the designation of "Registered Nurse" or the initials "R.N.," either alone or in combination with any other words, or any name, title or description, implying that he or she is a Registered Nurse, or any name, title or initials or description, implying that he or she is a Registered Nurse, unless he or she is a member of the Association in good standing and registered as such. Any person using the name, title, initials or description contrary to the provisions of this section shall be liable on summary conviction to a fine not exceeding $50 for each offence.

(2) Any sum or sums received from convictions and fines as aforesaid shall be paid immediately on the recovery thereof to the Treasurer of the Association.

(3) The Council may institute and assist in any prosecution under the provisions of this Act, and may use the funds in the treasury of the Association, in connection with such proceedings, or any person may institute any such prosecution, and the Council may allot such portion of the fine to such person as it may deem expedient.

13. (1) The Council shall cause to be kept by the Secretary or Registrar, a book or register, in which shall be entered in alphabetical order the names of all members in good standing; and those members only whose names are inscribed in the book or register aforesaid shall be deemed entitled to the privilege of membership in the Association; and such book or register shall at all times be subject to inspection by any person free of charge.

(2) Such register, or a copy of the same duly certified by the Secretary or Registrar, shall be prima facie evidence in all courts and before all persons that the persons therein specified are members of the Association in good standing, and the absence of the name of any person from such book shall be prima facie evidence that such person is not a member of the Association.

14. The Association may by By-Law provide for the suspension or expulsion, on complaint and after due enquiry, of any member for misconduct, or for violation of the rules or By-Laws of the Association.

15. Any member of the Association summoned to attend any court, civil or criminal, for the purpose of giving evidence in a professional capacity, or in consequence of professional services rendered by such member as a nurse, shall be paid for each day of attendance at such court, in addition to travelling expenses, the same witness fees as are payable to a duly qualified medical practitioner.

Continued on page 130

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Editorial

THE VISITING NURSE.

The public are gradually realizing the value of the work of the Visiting Nurse. Florence Nightingale told her followers to be, not sick nurses, but health nurses. The Visiting Nurse is doing much to carry out this injunction. Many times the instructions given by the Visiting Nurse and the cheery help given in carrying out these instructions, ward off illnesses to which the family, without this timely aid, would have fallen a prey. It is easier and much more economical to keep people well than to care for them when illness comes upon them. The same principle guides the corporation in employing the School Nurse.

The Chicago Record-Herald speaks thus editorially of the work of the Visiting Nurse Association of that city:

"Pointed recognition of a nobly beneficent work was given from a high official quarter when Health Commissioner Evans, in his address at the annual meeting of the Visiting Nurse Association, intimated that such methods were worthy of wider application, and predicted that similar agencies would come to be employed in social service by the Federal Government.

"The supersession of private initiative by governmental organization and action is generally slow in this country, but expressions of commendation, meanwhile, for the efforts of the well-known women connected with the association and for the spirit in which its work is carried forward cannot come amiss.

"The fifty and more nurses employed by the association are not only of great service among the poor in times of sudden domestic emergency. In cases of prolonged illness, where a regular physician can do little more than call and advise, they help to carry the patient through the siege. Furthermore, they bring with them a friendly and neighborly spirit which is especially felt and appreciated by aliens in their time of need. In the words of Dr. Evans, the association is assisting in producing better citizens by curing the ills of society—ills which are often no more of the body than of the mind.

"Not seldom the newcomer from abroad is distressed by a consciousness of indifference and neglect on the part of the society with which he has cast in his lot. If skilled care during illness, wise guidance in household economy and strong evidences of warm personal interest can alter his state of mind, associations like that of the visiting nurses are assuredly performing a great and necessary work.

NEW YORK STATE.

The annual report of the Inspector of Nurse Training Schools of New York State, given in The American Journal of Nursing for January, shows the advantages of registration. While much is yet to be accomplished, every mark of progress is cause for encouragement. Fewer failures at the State examination show an advance in standards of training. A marked increase

in the teaching staff of most of the training schools (50 per cent. of these assistants are Registered Nurses) shows that the training schools are endeavoring to measure up to the requirements of the State law. Another evidence of this is the fact that at least 20 per cent. of the schools have formed affiliations for those serviees in which their own institution was deficient. In a number of schools, the preliminary course has been established. These are strong arguments for registration, and will encourage all who are seeking registration to falter not in the work.

THE UNIVERSITY SETTLEMENT.

Splendid work is being done by the students of Toronto University, who have established the University Settlement, 467 Adelaide Street. The work can best be described by quoting The Varsity:—

Few undertakings launched by the students of Toronto University have so completely justified their existence as the University Settlement. The settlement is scarcely six months old, yet it has already made its influence felt in the neighborhood where it is situated. More important than that, it has demonstrated the wide opportunity that lies before it for the future.

"Our work up to the present time," explained the secretary, "has been mainly to become acquainted with the people of the locality, to show them the sincerity of our desire to help them; in short, to win their confidence. This has been of necessity a gradual process. We have been anxious to lay good foundations on which to build in the future, rather than to make a big showing which might mean little in the long run."

The community is composed for the most part of large families of laboring people, seventy per cent. of whom are foreigners. Most of them pay high rent for their houses, though poorly off. The physical, social and educational facilities offered through the settlement can mean much to them. There is no directly religious work carried on by the settlement. It encourages those with whom it comes in contact to attend some church, but there are no religious meetings. So the settlement is in no sense a "mission."

About eighty boys, ranging in age from twelve to twenty, are enrolled in the settlement. A nominal membership fee (twenty-five cents for the older boys, ten cents for the younger) is charged, with a view to inculcating a spirit of independence and responsibility. The rooms of the settlement are open to these boys in the evenings, and about thirty-five university students and graduates are at present engaged in superintending the various gymnasium, educational and other classes.

Ten of the boys are now enrolled in educational classes, which are divided into two grades. Instruction is given in such subjects as bookkeeping, arithmetic and English. Sixteen of the boys have organized a class in carpentering, and as a proof of their skill have constructed lockers for the shower-bath room. Newspapers and magazines are provided, and the nucleus of a fine library has been formed. One hundred and thirteen books have been donated by the Toronto Public Library, and 200 more by the pupils of the university schools. The clubroom is supplied with a piano, and musical

talent is being brought out. Plans are being made to have a series of concerts, and four students have volunteered to organize amateur theatricals.

Educational classes for foreigners who wish to learn English have been formed, and are proving very popular and securing very encouraging results.

In connection with the settlement is a free dispensary. A doctor and one or two medical students are on duty each evening from 7.30 to 8.30 to attend to any patient who may apply for medicine or treatment. Fifty cases have been looked after so far. Six doctors have given their time voluntarily to the work, the dispensary being under the general supervision of Dr. W. B. Hendry.

THE TORONTO CENTRAL REGISTRY.

In the matter of the higher and more efficient training of the nurse, a great many influences are at work to emphasize its need and ensure its inauguration. The different Nurses' Associations give a good deal of attention to the subject, and do much to create a proper public feeling in this regard, but much remains yet to be done if the desired haven is to be reached—uniformity in the training of nurses.

The Central Registry of Graduate Nurses of Toronto has done good work along this line. While a number of schools had already formed affiliations to complete the training of their pupils, several others found it necessary to do so if their graduates were to enjoy the privileges of membership. Still another step in advance is now reported. The clause permitting those who had training only in some special branch, to register for their specialty, has been eliminated, and one standard is now required of all—at least two years' training in a general hospital. This seems right, especially when viewed in the light of what others are doing. In Australia, where a scheme (a splendid one, too) of voluntary registration is in operation, the standard calls for an all-round general training. They have now instituted a Register for Nurses who wish to specialize, but no nurse is allowed to have her name entered on this register who has not first had her name entered on the General Register. Every step along the line of progress is an encouragement to the profession to persevere always towards the realization of its ideals.

ROYAL RECOGNITION FOR NURSES.

On Wednesday, the 26th ult., the King and Queen received at Marlborough House Miss Clara Nelson Smith, Matron of the Nursing Home, 15 Welbeck St. W., in which the late Prince Francis of Teck was operated upon, and thanked her for all she had done. His Majesty bestowed upon her the Royal Victorian medal. The Queen has presented brooches to all the nurses who were in attendance on her brother at the home. The brooches are of dark blue or green enamel, surmounted by a Royal Crown inscribed with the initials "G. and M."—British Journal of Nursing.

OFFICIAL DEPARTMENT.

Queen Alexandra's Imperial Military Nursing Service.

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Regular meeting, second Tuesday, 3p.m.

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QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING STAFF.

War Office, London, S.W., January 16, 1911.

The following lady has received an appointment as Staff Nurse:—Miss M. M. Roberts.

Transfers to Stations Abroad.

Matrons.

Miss E. A. Cox, to South Africa, from Connaught Hospital, Aldershot.

Promotions.

The under-mentioned Staff Nurses to be Sisters:—Miss A. C. Mowat, Miss M. L. Kaberry.

E. H. BECKER, Matron-in-Chief, Q.A.I.M.N.S.

My Scallop Shell of Quiet

Give me my Scallop Shell of Quiet
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage,
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul, like quiet palmer,
Travelleth toward the land of Heaven.

. . . . . .

My soul will be a-dry before,
But, after, it will thirst no more.

Life Worth Living.

To be happy, hopeful, buoyant, kind, loving from the depths of my heart; considerate and thoughtful regarding the peculiarities and eccentricities of human nature; adjusting myself to each so as to produce harmony and not friction; to be pure in thought, word and deed; broad-minded and liberal, not given to petty denunciation of my fellows; moderate in methods of life; never adding a burden or sorrow where a little forethought would give pleasure; not hasty in speech or action; sincere, candid and truthful in every detail; conscientious in the execution of every duty; composed, unpretentious and simple, keeping close to nature's heart, and always relying upon Him I most earnestly strive to serve; keeping ever before me that exemplary life as my rule of conduct toward men, thus creating an influence for good. This is my idea of making "Life Worth Living." —*Louise M. J. Waddell.*

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 615 a.m Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
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TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.
Chaplain—Rev. F. G. Plummer.
Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

Of Gladness in Time of Sickness.

Can one be glad and of good cheer on the bed of sickness?

If one has learned in the days of health to live according to the words of Jesus: "Father, Thy Will be done," then in time of sickness one can suffer according to these same words, and say with good courage: "Father, Thy Will be done!" If one has learned in days of health to rejoice in God, one can rejoice in God even in days of sickness.

On Monday evening, January 30, there was given in St. Augustine's basement, a most interesting lecture for the nurses, by the Rev. C. A. Seager. It was on his trip across the continent to British Columbia, and a side trip on the new Columbia coast mission boat, Columbia II., which was launched last summer.

The lecture was illustrated by some very fine views of scenes along the C.P.R., pictures of Winnipeg, the great prairies, stretching for many miles, covered with grain; the foothills and the wonderful Rockies. Especially interesting were the views of that great city, Vancouver, the port of entry to our great Dominion from the Orient; the pictures of lumber camps and logging, the hospitals and the staunch little hospital boat. What a boon the mission boat has proved to the men employed in that isolated part of the country! And how some of them have lived to bless the day when the Rev. John Antle started his splendid work on the Pacific Coast!

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908).

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NOTICE.

The annual meeting of each of the three associations—The Association of Hospital Superintendents of Canada, the Society of Superintendents of Training Schools for Nurses, and the Graduate Nurses' Association of Ontario—will be held at Niagara Falls, Ont., on May 23, 24, 25, 1911. The Association of Hospital Superintendents of Canada will hold two sessions on May 23, and another on the morning of May 24. The Canadian Society of Superintendents of Training Schools will hold one session on the afternoon of May 24, and another on the morning of May 25. The Graduate Nurse's Association of Ontario will hold two sessions, afternoon and evening, on May 25. A joint meeting of the three association has been arranged for the evening of May 24.

The committee in charge of arrangements hopes to be able to announce special railroad rates. Full particulars will be given in the April number.

The sercetary of the Canadian Society of Superintendents of Training Schools for Nurses requests that those superintendents who did not prepare books for last year will kindly do so this year, and those who took their books to further improve them will be sure to have them on exhibition this year. Any inquiries will be gladly answered by the secretary, Miss A. J. Scott, 11 Chicora Avenue, Toronto.

The treasurer of the G.N.A.O. has a list of members who are in arrears with fees, and will be glad to have this corrected. The executive regrets very much the continual loss of members in this way. The fee is not prohibitive, and we need the support of every nurse in Ontario.

LIVINGSTONE, LUNDBRECK AND COWLEY DISTRICT OF THE VICTORIAN ORDER OF NURSES—CHAIRMAN'S ANNUAL REPORT. 1910-1911.

The local supporters of the order and the retiring committee for this district may feel very well satisfied with the work done during the past year, and may congratulate themselves on being the means of putting nursing assistance within easy reach of so many so successfully.

During the year we have lost the services of Miss Macdonald, and I daresay that many will miss her cheerful personality; we all sympathize with her in her mistfortune of falling seriously ill, from the effects of which, I believe, she is just recovering.

We may congratulate ourselves on having secured the services of Miss Pepper; she is well spoken of by all, and has given universal satisfaction, even in the most difficult cases.

I should like here also to commend the zealous attention to the work of some of the members of the committee, the secretary, Dr. Donald; the treasurer, Mr. J. Smith; Dr. Johnston, and especially Mr. W. E. Smith, who, considering the distance he has to come, has been most unselfish in his regular attendance to what is frequently a very uninteresting duty.

The work of the three Ladies' Committees of Livingstone, Cowley and Lundbreck has been most acceptable in supplying the sinews of war. Four dances have been organized at Livingstone, one at Gillingham, three at Lundbreck and one at Cowley, for this purpose, and a sale of work at Lundbreck; while the bachelors of the North Fork and some of the ranchers have also found means of raising funds for the order.

The treasurer's statement shows that the order is in a satisfactory position financially, although we shall need to persevere in our efforts in this direction, if things are to be as satisfactory in the present year.

January, 1911. W. ROSSLYN SIMPSON, Chairman.

A post-graduate course in district nursing—four months—is given at one of the training centres of the order—Ottawa, Montreal, Toronto, Winnipeg. For full information, apply to the Chief Superintendent, 578 Somerset Street, Ottawa; to the District Superintendent, 29 Bishop Street, Monteral; to the District Superintendent, 206 Spadina Avenue, Toronto, or to the District Superintendent, 145 Sherbrooke Street, Winnipeg, Man.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORTED 1901.

President—Miss Phillips.

Vice-Presidents—Miss Tedford and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Registrar—Mrs. Berch, 175 Mansfield Street.

Reading Room—The Lindsay Building, Room 611, 518 St. Catherine Street West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, the first Tuesday in the month, at 8 p.m.

The members of the C.N.A. enjoyed a rare treat in Dr. Maud Abbot's lecture on "Original Contributions of Women to Medical Science." We hope to have the lecture printed in The Canadian Nurse for the benefit of its readers. Several of Dr. Abbot's friends were present, as well as the nurses.

At the close of the lecture, Miss Colquhoun moved a vote of thanks to Dr. Abbot, saying: "We indeed feel indebted to Dr. Abbot, not only for her lecture to-night, but for her help in the past. I would like to take this opportunity in the name of the C.N.A. of congratulating Dr. Abbot on the great honor conferred upon her by McGill University in granting her the degree of M. D., honoris causa. She has the great honor of being the first woman graduate in the faculty of medicine of McGill. We feel that the honor was merited, for Dr. Abbot's work and worth are acknowledged in medical circles everywhere."

Miss Phillips, our president, presented this vote of thanks in a few well-chosen words. Refreshment were served, and a social half hour spent.

We extend our deepest sympathy to Mrs. Carlton on the death of her daughter, who was a graduate of Adelaide Hospital, London, England. She was a member of the Canadian Nurses' Association, but has been nursing in New York, where her death occurred. Miss Carlton was to have been married the second week in February.

Miss E. O. Dyson was married to Mr. Sim on January 25th, in Victoria, and leaves with her husband for Alaska some time this month. Miss Dyson was one of our former members, and has been Lady Superintendent of the Women's Hospital here; also of Kingston General Hospital. We wish her every happiness in her new home.

HOSPITALS AND NURSES

Miss E. J. Smith, R.V.H. (class of 1906), has been appointed Lady Superintendent of the Calgary General Hospital.

At the last meeting of the Alumnae Association of the Royal Victoria Hospital, held on the evening of January 10, Dr. Martin gave an interesting lecture on "The Nursing of Neurasthenia," touching on the Emmanuel movement, Christian Science, etc., and showing how the grain of truth in these various beliefs has been the cause of their success in the treatment of certain patients.

Unfortunately, the Graduate Nurses of British Columbia were unable to present their bill at the present session, but are planning to do so at the next session of the Legislature.

The annual report of the Graduate Nurses' Registry of the Vancouver Graduate Nurses' Association shows a total number of calls for the year ending December 31, 1910—551. Members registered, 132; of those, twenty have left the city, four have taken hospital positions; four married; one death; remaining, doing private nursing, 103.

Miss Thomas, graduate London Hospital, England, who has been doing private nursing in Vancouver, B.C., left on the first of February to take charge of the new hospital at Princeton, B.C.

Miss Campbell, graudate of the P.R.J. Hospital, has opened a Nurses' Home and Registry on McClure Street, Victoria, B.C. Miss Campbell is deservedly popular, and all her friends wish her every success.

The annual report of the City Hospital, Edmonton, shows that institution to be in a very satisfactory condition. The generosity of the people in supporting the hospital is commended, also the good work of the lady superintendent and her staff of nurses. The new hospital will be completed during the coming summer and will place the city in the forefront for hospital accommodation.

Three thousand pounds have been raised for the Florence Nightingale Fund in Liverpool. This has been handed over to the Liverpool Queen Victoria District Nursing Association to establish and maintain a Home for District Nurses, to be called "The Florence Nightingale Home."

The Canadian Pacific Railway is making careful provision for first aid to the injured by organizing branches of the St. John's Ambulance Society all along its route from Halifax to Vancouver. The efficiency of the Ambulance Corps at Calgary was demonstrated recently for the benefit of a number of visiting surgeons.

A meeting of the Lady Stanley Institute Alumnae Association, of Ottawa, was held on the 11th of January, when the following officers were elected:—President, Mrs. Ballantyne; First Vice-President, Miss Morgan; Second Vice-President, Miss Argue; Secretary-Treasurer, Mrs. I. G. Smith; Directors, Miss Noice, Miss McColl, Miss Dewar.

Miss Lauder, graduate R.V.H., Montreal, is on the staff of the Tranquiell Sanatorium, Kamloops, B.C.

Miss E. MacKnight has accepted a position in the General Hospital, Phoenix, B.C.

How fortunate is Mrs. Barnhardt, District Nurse, of Moline, Illinois! She has an electric coupé provided for use in her work.

The many friends of Miss Alice Stark, graduate Guelph General Hospital, deeply sympathize with her in the death of her sister, which took place at her home in Durham County, January 1. Miss Stark is doing private work in New Westminster, B.C.

Mrs. J. H. Jordan, St. John, N.B., has presented to the Province her handsome home in River Glade, together with 500 acres of land. This magnificent gift is for the benefit of incipient tuberculosis patients, in whose welfare Mrs. Jordan is much interested.

At a meeting of the Graduate Nurses of Port Arthur and Fort William, held January 6, at St. Joseph's Hospital, the Thunder Bay Graduate Nurses' Association was organized, with the following officers:—President, Miss L. Regan, Superintendent of Training School, St. Joseph's Hospital, Port Arthur; Vice-President, Miss E. Davidson, Superintendent of McKellar Hospital, Fort William; Secretary-Treasurer, Miss Blackmore, Night Supervisor, McKellar Hospital, Fort William. Executive Committee—Miss Shaughnessy and Miss Code, Port Arthur; Miss Morreau and Miss Burwash, Fort William. All graduate nurses, in good standing, in each city are requested to become members.

Miss Marion Robertson, graduate R.V.H., class '10, has been appointed head nurse in the operating room of the Hospital for Sick Children, Toronto.

Miss Matheson, Lady Superintendent of the Tranquiell Sanatorium, Kamloops, B.C., has resigned her position to return to her home in Qu'Appelle, Sask. Miss Isabel Stewart, graduate Winnipeg General Hospital, class '10, has been appointed to succeed Miss Matheson.

Miss K. Stewart, graduate Winnipeg General Hospital, has charge of the General Hospital, Fernie, B.C.

Miss Ingersol, formerly of St. Mary's, but late of Calgary, is one of the staff nurses in the General Hospital, Fernie.

Miss Thompson, who has been one of the staff nurses in the General Hospital, Fernie, has gone to Spokane, and will be one of the chief actors in a very interesting ceremony a few weeks hence.

Miss Mitchell has also left the staff of the General Hospital, Fernie, and will follow Miss Thompson's example. Both young ladies were faithful, efficient nurses, and we wish them every happiness.

Miss Wyatt, who is doing private nursing in Fernie, has just returned from Dr. Kelly's Sanatorium, Baltimore, whither she had taken her patient. Dr. Kelly congratulated doctor and nurse on the condition in which he received the patient.

An Emergency Hospital has been opened in Ottawa to assist in coping with the typhoid epidemic, which has reached alarming proportions.

Mrs. Reid, graduate of New York City Hospital, has been appointed dietitian at Toronto General Hospital. The establishment of this department fills a long-felt want. Miss Stewart, Lady Superintendent, has kindly arranged that graduates of the hospital may avail themselves of the advantages of this course.

The regular meeting of the Alumnae Association of the Toronto General Hospital Training School for Nurses was held in the nurses' residence on Friday, February 3. Miss Ellis, First Vice-President, presided. After the disposal of routine business, there was some discussion re change of some articles in Constitution and By-Laws, and a committee was appointed to revise these and report to the secretary, so that notice of proposed changes might be given in time for next meeting.

Miss M. J. Kennedy, President of the Florence Nightingale Association of Toronto, has gone to Victoria, B.C., to work under the Victorian Order.

Miss Catherine Lawrence, late Superintendent of the General Hospital, Sarnia, Ont., has been appointed Superintendent of the Saratoga Hospital, Saratoga Springs, N.Y.

Miss Nan Aitken, Superintendent of the Rutland Hospital, Rutland, Vermont, who was operated on in December for gallstones at the General Hospital, Montreal, by Dr. George Armstrong, is recovering, and will spend the rest of the winter at Camden, South Carolina. During her absence, her place is being taken by her sister, Mrs. Walker (Rahno Aitken).

The Alumnæ Association of the Royal Victoria Hospital held the Annual Meeting in the Nurses' Home on Wednesday, October 19th, at 8 p.m. After reading of the minutes and reports from Secretaries and Treasurer, an interesting address was given by the President, Miss Grant. The election of officers resulted in the re-election of all those now in office, who kindly consented to continue their work, excepting the office of Corresponding Secretary, left vacant by the departure of Miss Cooper from Canada to take up her residence in England. Miss Clint was elected to fill the position. After some talk of ways and means of keeping up the interest of the graduates at a distance in the Association, refreshments were served in the sitting room. We hope to have many interesting and instructive meetings during the year.

The annual Christmas tree and dance at Victoria Hospital, London, Ont., took place December 23rd, afternoon and evening. The most important part of the programme, to the children especially, was the appearance of Santa Claus. Dr. Bell, former house surgeon, acted as "Santa Claus," and distributed large numbers of presents to the children and their friends. There were forty little ones in attendance. Later in the evening a dance was held in the dining room of the Nurses' Home. The guests were received in the reception room by Chairman and Mrs. Judd, Miss Stanley, Lady Superintendent, Mr. S. Sereator and Superintendent Heard. The evening proved to be one of the most enjoyable of the season. Music was furnished during the afternoon and evening by Tony Cortese's orchestra.

Miss Doherty, Boston City Hospital, has left to fill a position in Oshawa Hospital.

Born—At New York, on October 31st, to Mr. and Mrs. Louis Crowly, a son (John Thomas), Mrs. Crowly (nee Trotter), is a graduate of G. & M. Hospital, St. Catharines.

(*Continued from page 114*)

16. Nothing in this Act shall affect or interfere with the right of any person, not a member of the Association, from nursing, who does not in any way assume or pretend to be a Registered Nurse.

GRADUATE NURSES' ASSOCIATION OF ONTARIO.

Special General Meeting, Held December 30, 1910.

The meeting was called to order by the President, and the usual Nurses' Prayer was offered.

Miss Crosby: Now, ladies, you know that this is a special gathering for the consideration of legislation and necessary steps towards legislation. We will dispense with the minutes or any roll call, and just enter into the discussion of the subject before us to-day. I don't think, in this holiday season, that you will want to take any more time than is absolutely necessary for the consideration of the subject in hand, and I think you will all agree that it is one of the most important subjects that we, as a profession, have to consider.

The Graduate Nurses' Association has been in existence for some little time, and the object of that association is to place the profession on a better basis and to secure legislation for that end. Ever since our meeting last May we have, in the Executive Committee, been considering legislation. We could not, of course, decide whether we should go forward this year or not, but we felt the time had come for something to be done. The committee discussed and rediscussed the question, and the decision was reached that we should secure the services of a good lawyer, place before him what we desired, and ask him to draft a bill for us. We did so, and then we felt we had come to the place where we must have the voice of the association to decide what should be the next step. The Executive thought that it would be well for me, as President, to visit as many of the associations in the intervals as possible, and get them to voice their ideas about registration and legislation. In accordance with their expressed wish, I visited quite a number of the associations. In every instance there was a good gathering of nurses, and all seemed interested in the subject. Of course, only a very few expressed themselves in the meetings, but of these, all were anxious that some steps should be taken to secure legislation. Now, I would be very glad if the nurses here would take an interest in this subject and voice here the ideas of the associations that you represent. I know we have representations from some of the distant cities. I am sorry we have not representatives from all the different Nurses' Associations in the Province. I think at a meeting like this we should have.

We have Mr. Ludwig with us to-day, and he has drafted a bill for us, and will explain it to you, and you will then understand his point of view. I think you will fall into line and agree that the proposed draft, as he has arranged it, will probably meet our wants a great deal better than the bill which raised for us such a great deal of opposition, and was withdrawn.

Now, if we are going to do any work that will tell in the building up of our profession, we must give our best thought to the subject. We must have high ideals, and try to get a vision of what we can accomplish as members of a profession, as responsible women. We are going to make the profession mean

something, and not have so many things said about it that are to our discredit—that we are not found always ready to respond to the call of duty.

I am going to ask Mrs. Pellatt to give you the report of the Legislation Committee, of which she is convener. That will tell you what we have done since the convention in May. Then Mr. Ludwig will explain to you the proposed bill. (Applause.)

Mrs. Pellatt: Your committee beg leave to report that, having been given authority by the Executive Committee to make preparations toward obtaining a Registration Bill, we wrote to all the secretaries of the State Boards of Registration, asking them for copies of their bills, and also for comments upon the weak and strong points, together with reports of the operation of the laws in the different States. The answers received were very satisfactory. We had heard criticisms as to the bills not working as well as had been expected, but the replies did not seem to warrant such statement. After obtaining the information, we interviewed Mr. Ludwig, K.C., of Ritchie, Ludwig & Ballantyne, a firm that has done much of that class of work, and since then we have worked under his advice, as, owing to the amount of controversy aroused over our last bill, we felt we did not wish to antagonize any of the legislators. Mr. Ludwig will himself explain the bill which he has drafted. In order to obtain funds for the work, we got out a Florence Nightingale calendar and post card, both of which have sold well.

Miss Crosby: Now you have some idea of the work of the Executive in the meantime, and Mr. Ludwig will take up with you and explain the draft of the proposed bill which he has prepared. Mr. Ludwig has done a great deal of constructive work in his own profession, and I think he is the one to help us to do this work in our profession. I am sure we will listen to his explanation with intense interest.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

Proposed Bill.*

Miss President and Ladies:—

After hearing your President's introduction of this subject, I can see no reason why you should wish me to explain your proposed bill. It is the first time I have ever had the privilege of hearing a lady express herself so clearly as she has. (Applause.)

I have had a number of interviews with Miss Crosby, with Mrs. Pellatt, and with some of the other members of our Association, with a view of arriving at some plan by means of which you should be able to establish for yourselves an Association which will, perhaps, give you better recognition in your profession throughout this Province.

It would seem that whenever anyone applies for a private bill, one is almost certain to meet with opposition. I believe if a man offered to put up an institution for the blind, to equip it, and to run it, and applied for legislative recognition, he would meet with opposition.

You, as an Association, are seeking the right to use a certain name or form of letters indicating that you are qualified graduate nurses. That is the sub-

* Address by M. H. Ludwig, LL.B., K.C., to the Graduate Nurses' Association of Ontario, Dec. 30, 1910.

stance of what I understand you want. If the public thoroughly understood what your aims are, I believe you would not meet with very much opposition to your proposed Bill.

I suppose there are persons who think they should be allowed to practice medicine or one of the other professions without special training, although I suppose it will not be disputed by any person that a special training is desirable to properly qualify to practice any profession.

Your proposed bill does not prevent any person from nursing who wishes to nurse. It simply provides, among other things, that no person shall have the right to use the letters or degree you intend to adopt as evidence that you are trained and qualified according to the standard of your association. I would suggest that the letters indicating the degree should be "R.N." (Registered Nurse), and not "R.N.O." (Registered Nurse of Ontario).

There is no reason why any person should not be allowed to nurse so long as such person does not use a degree indicating that such nurse possesses the training and qualifications required as a standard of admission into your Association, and in that way pretending that she is qualified to do a certain class of work when she is not, and in that sense misleading the public. The public should be protected.

If a student has taken a course of studies in one of our universities and has passed certain examinations, he is granted a degree, "M.D.," "B.A.," "LL.B.," etc., etc., as the case may be. His diploma or degree is some evidence to those desiring his services of his fitness for the work for which he offers himself.

I think it would be advisable, as I have said, to designate a graduate or member of your association simply as a "Registered Nurse," and not as a "Registered Nurse of Ontario." Graduates of our universities receive their degrees simply as, say "Bachelors of Medicine," not "Bachelors of Medicine for Ontario." I believe it is not customary to name the Province or State in which the degree was granted. A nurse's degree in New York State, I understand, is simply "R.N.," or "Registered Nurse." Similar letters are, I believe, used in other States.

Your aim in procuring this bill, as I understand it, is to procure an association with power to grant a degree evidencing your fitness for the work which you claim you have been trained to do. Your degree will be a guarantee to the public that you are really qualified to do the work which you say you can do. It is a hall mark, as silversmiths say; some evidence of your qualification as a nurse; evidence that you are not an imposter, but a really trained, qualified nurse. Let the public know that, and you should have no trouble in getting your Bill.

Your Bill, roughly speaking, must deal with two matters: It must incorporate you as an association and give you an existence as a corporation apart from the members.

The bill must also give you certain other powers. The association must have power to hold land on which to put up a building should it desire to do so, and must have power to do certain other things, as, for instance, to establish a school; to adopt means for training nurses; to admit nurses who have graduated from certain recognized institutions or are already qualified nurses.

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After the charter is granted, it will be necessary to appoint your first members of the Association. These first members will define the conditions upon which graduate nurses are to be admitted, with or without examination. I mean the first members of the Association. I suppose, to get started, nurses will be admitted without any special examination. Then, after your first membership list is complete, you can, as circumstances will warrant, raise the standard of qualification for admission of nurses thereafter.

Dealing now with the proposed Bill (Reads Sec. 2, subsections (a), (b), (c), (d) and (e)].

You can hardly expect to do all that these subsections call for at one time, but you can start. You see subsection (b), among other things, says that you shall have the right to establish classes. It may not be possible or advisable to establish classes immediately, but you should have the power, when you come to that, to do so. The same applies to the right to give lectures, and deal with the other matters mentioned in this subsection. As you grow, you may deem it advisable to retain some of your nurses for the sole purpose of delivering lectures to other nurses, or throughout the country to the people, on subjects relating to nurses and nursing. You may want to raise funds for your institution, and if you can show the people that you are doing good work, you will find it easy enough to get along.

Then the section also deals with tests in regard to the competency of nurses. I understand in your last Bill you proposed to set out in the Bill what should be the tests of competency for a degree. I think that should be left to your Council. I will refer to this later.

Next, you should have power not only to hold examinations, but also to hold land. By that I mean power to buy a piece of land if you want to, on which to erect a building. Your Association must have a head office, so to speak; a home, some central point, some place which will be the headquarters of your Association. Not only that, it will be necessary to have someone in charge of your records and books, some permanent secretary, so that anyone desiring information regarding a nurse claiming to be a member of your Association will know where to obtain reliable information in respect of such nurse.

An applicant for a nurse (who claims to be a graduate from your Association) should be able to communicate with headquarters and verify the statement of such nurse that she is a graduate of your Association.

So you will see it will be necessary that the Association should have power to buy or lease a place for its office, where its records are kept, and which would be a sort of bureau of information. You could start with a small office at a nominal rental, until your funds would warrant securing larger premises.

You should also have power to receive gifts and donations. All the powers that you need must be given in the Bill itself. You can only take and do such acts and things as the Bill permits. You will observe there is a provision in subsection (b) that limits the annual value of lands which you may hold. It is usual to place some such limit in the Bill.

Then you should also have power to disseminate amongst the members of the association, and amongst the public, literature dealing with matters of interest to members, to nurses and to others. The association should publish a magazine. That means a permanent secretary will be required, whose duty

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it will be to keep the books and records of the Association, and perhaps to take charge of the distribution of the magazine. The magazine could serve many useful purposes by dealing with subjects connected with the different branches of your work, and in many other ways. These are some of the reasons why subsection (c) should be in your Bill.

Now, having explained the powers as outlined in section 2, the Bill should provide for other matters. These are stated in section 4, subsections (1), (2), (3) and (4).

Subsection (1) defines the Constitution of the Council. The Council shall consist of fifteen members. That is large enough. Usually, the smaller the Council the more effective the work. The Council should be chosen from nurses spread pretty well over the Province. Let all members feel that they have an interest, and are properly represented in the association. Always select members who you think will take an active part in the work of the Association, and who will attend the meetings of the Council.

The first members of the Association will, I suppose, be admitted almost by common consent. Having formed your membership, it is from these members your Council will be selected.

Subsection (2) of section 4 deals with the manner in which nominations for members of the Council are to be made. The method of nomination provided in this subsection is, I think, preferable to having the nominations made at the meeting, because it is rarely the case that all members of an Association can be present at an annual meeting. Every member should have a right of nomination and a right to vote, whether present at the meeting or not.

Subsection (4) deals with vacancies which may occur during any year caused by death or by reason of a member leaving the Province or for other reasons. There must be the right of the remaining members of Council to fill vacancies occurring during any year to avoid delay.

Section 5 needs no explanation.

It should be left to the Council to fix the entrance and other fees of the association, and I fancy it will be advisable not to make the fee too high, and yet it must be high enough to provide a reasonable revenue. Section 6 of the Bill deals with this matter.

Then follows the provision of the bill regarding the by-laws to be enacted by the Association. Every association lay down certain rules and regulations to govern its procedure, its powers, and the rights, privileges and duties of its members. These rules and regulations are usually termed "By-Laws."

The By-Laws must necessarily deal with the matters mentioned in subsections (a), (b), (c), (d), (e), (f) and (g), of section 7, that is to say, with the administration, management and control of the property and affairs of the association, and with the other matters mentioned in these subsections—with the conditions of membership, with the qualifications of nurses to have the right to call themselves "Registered Nurses," and with the other matters mentioned in these subsections. The conditions should not be very onerous at the beginning. They should be of such a character as to admit of easy compliance.

At the outset, probably, the only paid officer will be a secretary and treasurer. Probably one person will hold both offices. The By-Laws will also,

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among other things, provide for the calling of meetings, for the fixing of a quorum, and generally for carrying out the objects of the Association. They should, of course, provide that the By-Laws may be altered or amended as exigencies may arise.

The next section (section 8) deals with the curriculum of studies. There must, of course, be a curriculum. The Council should have power to appoint examiners. That is an important matter. There should be an examination at least once a year.

There should be power to change your curriculum of studies as circumstances require.

Section 9 is a long clause. It simply means this: If at any time the Association desires to connect itself with one of our well-known educational institutions for training purposes, for lectures, or examinations, it will have power to do that, and the association should also have power to take advantage of the libraries, museums, etc., on satisfactory terms, of our educational institutions. In time it may be deemed advisable and possible to affiliate with one of our Universities.

I have already said the Association must have a home. Section 10 fixes the head office in Toronto, subject to the right to change same, as provided in said section.

Now (reads section 11), one of the principal aims of the bill is, of course, section 11. A member of the association will have the exclusive right to use the designation or degree "Registered Nurse," or the letters "R.N." A degree from an educational institution confers distinction upon its holder, according to the standard of educational qualification required by the institution granting the degree. The degree "R.N." from the State Board of New York, and from some other States Boards, judging from the requirements for the degree, are not a mere empty honor, and the Council of your Association will, of course, see to it that degrees granted by the Ontario Nurses' Association will carry with them merit and distinction. You will observe section 11 gives the right to use the degree "Registered Nurse," or the letters "R.N.," to members of your association only; and that brings me back again to the point I made earlier in this discussion, that the Association must have some headquarters where anyone desiring information regarding a nurse may speedily and readily obtain such information. The records will show whether a nurse is a member of the association or not, and whether such nurse is entitled to the degree "Registered Nurse."

Section 12 needs no explanation.

Section 13 is self-explanatory.

Section 14 deals with the power to suspend or expel a member of the Association after due enquiry.

Section 15 deals with witness fees to nurses. Nurses are frequently called upon to give evidence, and for such services should be properly paid. As the law stands at present, a nurse is obliged to attend court and give evidence upon payment to her of the large sum of $1 for every day's attendance, if she lives in Toronto, or $1.25 a day if she lives elsewhere. She would, of course, also be paid actual travelling expenses (but not in a Pullman). I can see no

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reason why a nurse should not receive the same witness fees as paid to some others professional witnesses, namely, $4 a day.

Section 16 makes it clear that any person can act as a nurse without being a member of the Association, so long as such nurse does not use the degree "Registered Nurse" or the initials "R.N."

You can hardly imagine a less objectionable or a more meritorious Bill than this. To put it into effect will require much time and attention by the members of the Council and others. It will not be easy work to get the Association running smoothly. It will not be a money-making scheme, but I am sure the services rendered the Association by the members will be rewarded by the gratifying results attained.

I have given you a rough outline of what this Bill means. I have gone over it at some length. You have been very patient. I hope I have succeeded in making myself understood.

Miss Crosby: You have all heard Mr. Ludwig's explanation of the Bill as he drafted it. You have now an opportunity of advancing any questions and discussing any point. A number of objections were mentioned to me by different nurses from time to time. One was that the Bill does not lay down any curriculum. Mr. Ludwig has clearly outlined the reason why that would be unwise. Another was that the fee should be named in the Bill. Mr. Ludwig has explained the reason why it should not be named in the Bill. It may be deemed advisable to change the fee. If the fee is fixed by the Bill, it cannot be changed by the Council.

Now, every nurse should take some part in this discussion. Will the members please feel perfectly free to express their opinions.

Mr. Ludwig: It will be a good plan to put the objectors on the Council, then you will get your fee and everything else right.

You will start with some fee, say $1. The smaller the fee to start with the better, but it may be necessary to reduce or to increase it, or to make some nominal assessment. If you fix the fee in the Bill, it is fixed forever. If the Bill says your fee shall be $1, that cannot be changed, no matter how desirable or advisable it would be to change it.

Now, as to the curriculum, you would have great difficulty in outlining a curriculum in the Bill which would serve your purpose now and years hereafter. This is a progressive age. If you do not keep up with it, you will soon be a back number.

Every science is making rapid progress. If the Association is not given power to make changes in its course of studies, and to add subjects for examinations, I believe it would be unwise for you to start at all. In a few years you would be out of fashion. You would be wearing a Merry Widow hat when you should be wearing a toque.

One more thought: The moment you are afraid to give your Council power to deal with the course of studies and the other matters mentioned in section 8, that moment you have no confidence in your Council. In such case it will be for you to see to it that you get a Council that is representative and in which you have confidence. If the Council does not fill the bill, there is a clause in the bill that gives you power to send in your ballot and replace the members by others who will be acceptable to the members of the Association.

"nothing is more estimable than a physician, who, having studied nature from his youth, knows the properties of the human body, the diseases which assail it, the remedies which will benefit it, exercises his art with caution and pays equal attention to the rich and poor."

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